



Evelyn
Scott
School

2 Bielski Street, Denman Prospect, ACT 2611

Phone: 02 6142 3491

Email: evelynscottschool.information@ed.act.edu.au

PRESCHOOL WALKS ON NGUNNAWAL COUNTRY

DESCRIPTION:

Preschool learners will be participating in weekly local walking excursions within Denman Prospect. We will engage in observations and investigations about our own local natural and built environments. We will explore Indigenous perspectives as we walk on Ngunnawal Country.

DATES:	Local weekly walking excursions will be on-going throughout 2024. Kookaburras and Rosellas learners will walk on Tuesdays: 28/5, 11/6, 25/6, 23/7, 6/8, 20/8, 3/9, 17/9, 8/10, 22/10, 5/11, 19/11, 3/12 Reed Warbler and Wedge Tail Eagles learners will walk on Thursdays: 6/6, 20/6, 4/7, 1/8, 15/8, 29/8, 12/9, 26/8, 24/10, 7/11, 21/11, 5/12.
VENUE:	Denman Prospect community
TRAVEL ARRANGEMENTS:	Learners will walk with staff, within the Denman Prospect community
DEPARTURE & RETURN TIMES:	Time frames will vary depending on the season. Learners will be away from the Preschool for between 20 and 60 minutes.
CLASSES ATTENDING:	Preschool learners in Rosellas and Kookaburras classes (Tuesdays) Preschool learners in Reed Warblers & Wedge Tail Eagles classes (Thursdays)
STAFF ATTENDING:	Jo Statton, Nikki Ross, Carole Santinon, Tshering Yangchen, and Lochie Skehan, depending on the number of children attending on the day
RATIOS	The ratios for the excursion will be 1:11. Staff will always ensure adequate ratios are maintained.
WHAT TO BRING:	Learners will wear their preschool hat and at times bring their morning tea snack.
NOTE & PAYMENT DUE BY:	Please return all permission notes by Monday 20th May 2024. Please note, students will be unable to attend the excursion without signed parent/carer permission.

Code of Conduct and Parental Agreements:

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour

Kind regards,

Evelyn Scott School Preschool Team

Nikki Ross: nikki.ross@ed.act.edu.au and Jo Stratton: joanne.stratton@ed.act.edu.au



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STUDENT NAME: _____ CLASS: _____

I hereby consent to my child attending the above Evelyn Scott School excursion.

Please check the appropriate boxes:

- I have read and understand the attached information page for the event/excursion and I consent to the travel arrangements.
- I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion

The [Medical Information and consent form](#) only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form. Are there any changes to this form? Yes No

If yes, an updated Medical Information and Consent Form is required to be completed (available through the front office).

Will your child require medication to be administered during the excursion (e.g. allergy medication, pain relief)?
Yes No

If yes, please complete a [Medication Authorisation and Administration Record](#) (available through the front office).

Is there any additional information you need to provide to support your child's participation in this excursion?
Yes No

PARENT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT PHONE NUMBER: _____

Office Staff to complete:

Received by: _____

Date: _____

Entered on SAS: